

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/664 403
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	7					
TOTAL DEP.	41	↔	↔	↔		
TOTAL CLAIMS	48					

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TOTAL IND.								
TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS								

BEST AVAILABLE COPY